



POSITIVE FRAME OF MIND  
COUNSELING PLLC

# Credit Card Authorization

Client Name \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Account/Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

I understand and acknowledge this authorization is valid for 2 years unless I cancel this authorization in writing. I agree not to dispute any charges for sessions I've received or that I did not cancel 24 hours prior to my scheduled session time. I authorize Michelle Hall, M. Ed.,CT, LPC-S to disclose information about attendance/cancellation to my credit card issuer if I dispute charges.

**I authorize Positive Frame of Mind Counseling, PLLC to keep my signature on file and to charge my Visa/Mastercard/American Express/Discover account for recurring charges of \$55 for missed appointments or less than 24 hour cancellation notice. Please initial here**

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**